Aim

- Challenges exist for remote communities in Scotland, meeting changing needs, effective recruitment and workforce responses to deliver high-quality, flexible services required by changing population needs.
- Future models for health and social care delivery are based on integrated teams delivering care in a range of settings.
- The RGSW presents an opportunity for modern and integrated service delivery.
- Potential to increase viability and the clients’ experience.
- Potential for a significant economic impact with social value added.


The plan – outlined the objective for RRHEAL to develop an appropriate education programme to support the development of a new role.

The Scottish Government’s ‘Scotland’s First National Rural Health and Wellbeing Post- RCCP’ Report (October 2012) presents the Scottish Government’s vision for the development of a sustainable health system for remote and rural Scotland.

“Team working, integration and shared competencies are key to the future staffing of services within remote and rural healthcare. Many of the solutions to the development of sustainable and affordable healthcare services will need to involve a range of doctors, nurses, midwives, AHPs, and healthcare assistants and link support staff, working consistently to deliver new models of care and in new environments that are real, effective and person-centred.”

A number of remote and island territorial NHS Boards and Partnerships had interest in RGSW development, with much initial activity in Shetland. However, the Partnership that is Orkney Health and Care presented a live enquiry to RRHEAL, with specific needs relating to educational provision for establishment of the post. Activity progressed with a focus on Orkney, but in a form that would be of interest and could be transferable to other Boards and Partnerships.

The roles of staff working in remote rural and island areas differ (to urban centres) in the following ways (Our Orkney: Our Health - transforming clinical services, 2011):
- multi-skilling - combining roles e.g. dual duty
- multi-tasking - breadth of knowledge and experience required of the post holders
- time working
- lack of appropriate levels of qualified supervision
- higher levels of autonomous clinical decision making
- greater on call commitment
- management responsibilities and confidentiality pressures

no service when post holder leaves or if a single handed practitioner and not an emergency service
time spent on travel (e.g. a single visit to an remote service user can take a full day)

To progress development of the RGW context and specific educational requirements, scope and expectations of the post further investigations were needed.

This would in turn, assist with operational update of the job description (already developed by the operational team).

RRHEAL commissioned a mapping exercise, comparing competency statements from existing health and social care workers within Orkney.

Activities from current job descriptions were mapped.

Summaries of existing roles were produced, listing activities that were and were not currently in the RGW job description, alongside consideration of other areas that may require inclusion.

This mapping of existing roles proved critical in informing role potential in the context of Orkney.

Agreement the RGW role should be level 5 on the NHS Career Framework (source healthcare support worker) – equating to SCQF level 7 (SVQ3/HNC).

An RGSW capability framework (see Figure 2 opposite) provide order with such comprehension and full mapping (existing NES capability frameworks informed this - Working with Individuals with Cancer marked new, however the NES guide to Healthcare Support Worker Education and Role Development (revised 2011) alongside the NES Healthcare Support Workers Toolkit helped.

The resulting capability framework developed, cross referenced the HH Knowledge and Skills Framework (NHS KSF) and the National Occupational Standards (NOS). A capability framework is a broad outline of what practitioners should be able to do in practice and are usually supported by discipline specific competency frameworks to detailing levels of expertise required.

The framework incorporates practice learning outcomes to detail what practitioners should be able to achieve and to capture the notion of capability as current competence combined with the development of future competence (Price, 2004, cited by MER Consulting for RRHEAL, 2013, page 6).


SSSC - Qualifications and Standards

Workshop outputs

- Participants were given a ‘standardised client journey’ prior to the workshop.
- The groups were asked to document what really happened and what could happen – not what should happen – Figure 4
- In terms of capturing unmetness, groups then considered tasks that could be undertaken by a RGW
- Regarding creating improvement – groups considered opportunities and benefits presented by the potential RGW role. Figure 5
- Consideration was given to the potential for challenges in introducing a RGW role and importantly – how to overcome them! Figure 6
- The workshop evaluated positively and there is support for development of this role.

Ongoing challenges were identified regarding RGW training, supervision, career pathways and linkages to other areas.

RRHEAL interventions and development were kept in line with the RGW role.

The plan – outlined the objective for RRHEAL to develop an appropriate education programme to support the development of the role.

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Opportunities Workshop

To progress intelligence gleaned from the competency and educational mapping process, an “Opportunities Workshop” was held in Kirkwall, with broad and cross organisational representation. 23 participants attended from health, social care, third sector volunteer and educational agencies.

The purpose of the workshop was to explore how the RGW role may support improvement within the context and challenges of integrated care delivery in Orkney, using the Skills Maximisation Toolkit (SMT) process.


The SMT provides a step-by-step process to support service re-design and allows those involved to be clear about the skills and skill mix needed to provide good quality services.

The SMT workshop focused on the (patient) client journey and looks at three stages:

1. Clarifying the (patient) client journey – what’s happening now?
2. Capturing unmetness – what’s the best contribution?
3. Creating improvement – making it happen, capturing impact

This process was allied to suit time and required outputs. Thus the process was adapted to suit the time available as well as the outputs required as outlined below.

NB: The term patient journey was only used when referring to the SMT - this is the terminology used in the toolkit.

Workshop outputs

- Participants were given a ‘standardised client journey’ prior to the workshop.
- The groups were asked to document what really happened and what could happen – not what should happen – Figure 4
- In terms of capturing unmetness, groups then considered tasks that could be undertaken by a RGW
- Regarding creating improvement – groups considered opportunities and benefits presented by the potential RGW role.
- Consideration was given to the potential for challenges in introducing a RGW role and importantly - how to overcome them! Figure 6
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References


